

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Abbeylands Nursing Home
Centre ID:	OSV-0000187
Centre address:	Carhoo, Kildorrery, Cork.
Telephone number:	022 25 090
Email address:	info@abbeylandsnursinghome.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Abbeylands Nursing Home & Alzheimer Unit Limited
Provider Nominee:	Kevin Regan
Lead inspector:	Vincent Kearns
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	47
Number of vacancies on the date of inspection:	3

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
31 January 2017 09:00	31 January 2017 17:30
01 February 2017 08:00	01 February 2017 17:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Substantially Compliant
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Moderate
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Non Compliant - Major
Outcome 09: Medication Management	Substantially Compliant
Outcome 10: Notification of Incidents	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 13: Complaints procedures	Non Compliant - Moderate
Outcome 14: End of Life Care	Substantially Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Non Compliant - Major

Summary of findings from this inspection

This report sets out the findings of a two day announced inspection to inform a decision for the renewal of registration. Abbeylands Nursing Home is a purpose built centre, on well maintained grounds, that can cater for 50 residents. It is located on the outskirts of the town of Kildorrery, Co. Cork.

As part of the inspection process, the inspector met with residents, staff members,

the clinical nurse manager, the person in charge and the provider representative. The inspector observed practices and reviewed documentation such as policies and procedures, care plans, medication management, staff records and accident/incident logs. Residents told the inspector that they were happy living in the centre and that they felt safe there. Overall staff were able to demonstrate good knowledge of the residents' care needs when speaking with the inspector, however an immediate action was issued to the provider representative in relation to inadequate provision of staff fire evacuation drills and staff knowledge of fire evacuation procedures. A satisfactory response in relation to this immediate action plan was received by HIQA.

There were 18 outcomes reviewed as part of this inspection, six of the 18 outcomes were compliant and five outcomes substantially compliant with the regulations. However, the following six outcomes were deemed to be moderately non-compliant; governances and management, documentation, safeguarding and safety, notification of incidents, suitable premises and complaints procedures. In addition, there were two outcomes found to be at major non-compliance; health and safety and risk management and suitable staffing. These non-compliances are discussed throughout the report and the action plan at the end of the report identifies where improvements are needed to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was a written statement of purpose that described the service that was provided in the centre. The services and facilities outlined in the statement of purpose, and the manner in which care was provided, reflected the diverse needs of residents. The statement of purpose contained most of the information required by schedule 1 of the regulations and was reviewed annually. However, the statement of purpose did not contain the following information as required by regulation:

- the information set out in the certificate of registration
- the criteria used for admission to the designated centre, including the designated centre's policy and procedures (if any) for emergency admissions
- the age-range and sex of the residents for whom it is intended that accommodation should be provided
- arrangements for the management of a designated centre where the person in charge is in charge of more than one centre or absent from the centre or centres concerned.

Judgment:

Substantially Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was a clearly defined management structure in place that identified who was in charge, which was accountable and what the reporting structure was. Staff who spoke with the inspector were able to demonstrate good knowledge of this system. There was also a system in place to improve the quality and safety of the service which included undertaking regular audits. These audits were available to the inspector and included, amongst others: falls, hygiene and infection control, health and safety, the use of restraint, the quality of life, nutrition and medication. The person in charge outlined how the audits informed the quality and governance of the centre however, the inspector noted that there was no annual review report as required by regulation available into the quality and safety of care delivered in the centre.

There was evidence of some meetings with staff and regular meetings were held with residents and the person in charge was well know to residents and relatives to whom the inspector spoke with. From a review of the minutes of residents meetings it was clear that issues identified were addressed in a timely manner and that the person in charge was proactive in addressing any concerns or issues raised. Where areas for improvement were identified in the course of the inspection the provider demonstrated a conscientious approach to addressing these issues and a commitment to compliance with the regulations.

There was also evidence of good consultation with residents and relatives via resident/relative questionnaires that were provided as part of this registration inspection. It was of note that the person in charge and staff were identified as being very supportive and approachable by respondents to these questionnaires. However, the allocation of nursing staff particularly at evening time was identified in these questionnaires as an issue of concern and this concern was also expressed by residents representatives to whom the inspector spoke. Staff spoken to also identified staffing as a concern particularly when residents needs had increased. The inspector noted that there was only one staff nurse on duty from 8pm until 8am and that this staffing arrangement had been identified as an issue in the previous inspection report. The person in charge acknowledged that staffing was an on-going issue and informed the inspector that she and the Clinical Nurse Manger (CNM) were on call to assist staff when required. However in the context of the design and layout of the centre including the dementia specific unit; the increasing resident clinical dependency with 60% of residents at high/maximum dependency; these current staffing arrangements including this on-call arrangement, was not adequate to meet the assessed needs of residents. This issue was further detailed and actioned under outcome 18 of this report.

Judgment:

Non Compliant - Moderate

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

<p>Theme: Governance, Leadership and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Inspectors reviewed the available documentation for matters detailed in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Up-to-date, site specific policies and procedures were in place.</p> <p>Copies of both the standards and regulations were maintained on site. Records checked against Schedule 2 in respect of documents to be held in relation to members of staff were adequate. Most of the records to be maintained by the centre, in accordance with Schedule 3, such as a complaints log, records of notifications and a directory of visitors were available.</p> <p>There were suitable resident records in place and these included care plans, care assessments, medical notes, nursing records and also a directory of residents which incorporated the necessary biographical information. Maintenance records for equipment including hoists and fire-fighting equipment were also available. A plan for responding to emergencies including fire and evacuation procedures was in place. Inspectors reviewed a selection of contracts of care that had been signed as per the regulations. The contracts' set out the services to be provided and set out all fees to be charged to the resident including fees for an additional services.</p>
<p>Judgment: Compliant</p>

<p><i>Outcome 04: Suitable Person in Charge</i> <i>The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.</i></p>
<p>Theme: Governance, Leadership and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The designated centre was managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of service. The person in charge operated on a full-time basis and had extensive experience in clinical care and had been the person in charge of this centre since 2008. Throughout the course of the</p>

inspection the person in charge demonstrated a professional approach to the role that included a strong commitment to a culture of improvement along with a well developed understanding of the associated statutory responsibilities.

Judgment:
Compliant

***Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector reviewed the available documentation for matters detailed in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Up-to-date, site specific policies and procedures were in place however; in relation to hazard identification the risk matrix described in the risk management policy was not always implemented in practice. This finding was further detailed and actioned in outcome 8 of this report. In addition, the fire safety register was not adequately completed for example there were significant sections left blank including the records for fire safety training and there section for recording the contact details for the fire brigade, Gardaí, General Practitioner (GP) on call and the names and positions for responsible persons in the centre was blank.

Copies of both the standards and regulations were maintained on site. Records checked against Schedule 2 in respect of documents to be held in relation to members of staff were adequate. Most of the records to be maintained by the centre, in accordance with Schedule 3, such as a complaints log, records of notifications and a directory of visitors were available however; there were issues in relation to both notifications and the complaints records which are detailed in outcome 10 and 13 of this report respectively. In addition, there were issues under Schedules 3 and 4 of the Regulations as there was one residents' care plan was not adequate in relation to end of life care and this finding is detailed under outcome 14 of this report. Documentation relating to fire drill practices were not adequate or up-to-date and this failing was detailed in outcome 8 of this report. In addition, the temperature of the medication fridge was recorded however, the temperature was outside the recommended temperature range on a number of

occasions and appropriate measures were not in place to ensure medicines that required refrigeration were stored at the recommended temperature with measures in place to respond to fridge temperatures outside 2-8 degrees Celsius.

The inspector noticed that all policies reviewed contained a statement/commitment that each policy would have a quarterly audit to determine compliance with the policy however, the person in charge confirmed that no such audits were undertaken and stated that this commitment regarding quarterly audits would be removed from all policies.

There were suitable resident records in place and these included care plans, care assessments, medical notes, nursing records and also a directory of residents which incorporated the necessary biographical information. Maintenance records for equipment including hoists and fire-fighting equipment were also available. A plan for responding to emergencies including fire and evacuation procedures was in place.

Most records and documentation available were securely controlled, maintained in good order and retrievable for monitoring purposes however, the inspector noted that there were a number of documents with residents' personal information including staff observational records and residents' care and welfare details had been left unsupervised by staff on a table in a residents' sitting room.

A current insurance policy was available verifying that the centre was adequately insured against accidents or injury to residents, staff and visitors.

Judgment:

Non Compliant - Moderate

Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Both the provider and person in charge understood the statutory requirements in relation to the timely notification of any instances of absence by the person in charge that exceeded 28 days and also the appropriate arrangements for management of the designated centre during such an absence.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The provider and person in charge confirmed that there was no active reported, suspected or alleged incident of abuse in the centre. The inspector was satisfied that there were policies and procedures in place for the protection of residents.

Documentation on the prevention, detection and reporting of abuse was in keeping with the national guidelines and contained both indicators of abusive behaviours and a format for an internal investigation and screening process should this be required. The provider and person in charge were present and actively engaged in the operation of the centre daily. Residents informed the inspector that they felt safe in the centre and identified the person in charge as being very approachable. Staff interviewed by the inspector confirmed their attendance at suitable prevention, detection and reporting of abuse training, were clear on their responsibilities, the requirement for on-going "vigilance" and their confidence in the person in charge to take appropriate action if and when required. However, the inspector noted that not all staff had attended training in relation to the prevention, detection and reporting of elder abuse.

There was evidence of adequate recruitment practices and a good level of visitor activity and one relative to whom the inspector spoke stated that they visited the centre at various times including during the morning and evening times and had no concerns.

There was a policy in place on the safeguarding of residents' property, finances or possessions. The inspector spoke with the administration staff who articulated adequate practices in the management of residents' finances including mechanisms for auditing such records.

The inspector observed that there was an easy rapport between staff and residents and also that residents were comfortable in asserting themselves and bringing any issues of concern to the person in charge.

The restraint management policy was adequate and records of training in responding to behaviours that challenge that staff received in 2016 were reviewed however, the inspector noted that not all staff had attended training in responding to behaviours that challenge.

There was a policy in place in relation to the use of restraint to guide staff and there were records indicating that staff training had taken place however, the inspector noted that not all staff had attended training the use of restraint. The inspector noted that bed rails were in use at the centre and the person in charge confirmed that on-going work was being implemented to promote a restraint free environment. However, the inspector reviewed a sample of relevant records and found that the records did not confirm in all cases where alternatives had been trialled and used in line with best practice. In addition, there were risk assessments completed in relation to the use of restraint which were individualised and reviewed regularly however, these risk assessments were not consistent with the centres risk management policy and did not for example identify the actual level of risk associated with the use of restraint to inform staff in relation to providing suitable monitoring and risk reduction controls.

Judgment:

Non Compliant - Moderate

Outcome 08: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector found that significant improvements were required in relation to conducting fire evacuation drills. The inspector was informed by the person in charge that fire drills had not taking place in the centre for the past two years. One staff spoken to had never participated in a fire evacuation drill and was unclear when questioned as to how to assist residents with restricted mobility in the event of a fire evacuation of the centre. In addition, there were no personal emergency evacuation plans in place for any resident, many of whom had significant challenges including cognitive impairment and restricted mobility. Given the potential impact of these identified failings on residents, visitors and staff health and safety, the inspector issued the provider with an immediate action plan to take urgent remedial action in relation to conducting fire evacuation drills and a satisfactory action plan response was provided to HIQA.

There was suitable fire equipment available and service records indicated that they were serviced as required and there was written confirmation from a competent person that the legal requirements of the statutory fire authority were complied with. Fire exits were unobstructed and fire doors had automatic door release mechanisms however, one door in the Lee suite was observed as being held open by a chair during the early afternoon. A member of staff noticed this and removed the chair a short time after. Staff had received fire safety training and most staff were able to clearly discuss what to do in the

event of a fire. Improvement to fully enhance learning opportunities from such drills.

Improvements were required in relation to risk management and in the hazard identification process. The centre had policies relating to health and safety and the safety statement had been reviewed in June 2015. There was a plan in place for responding to major emergencies likely to cause death, injury, serious disruption to essential services or damage to property. There was a risk management policy in place however, the policy did not include the measures and actions in place to control the following specified risks as required by regulation:

- abuse
- the unexplained absence of any resident
- accidental injury to residents, visitors or staff
- aggression
- self-harm.

A record was maintained of all accidents and incidents in the centre and the records seen satisfied the requirements of Schedule 3. Each incident was reviewed individually with evidence of corrective actions to prevent a reoccurrence. There were arrangements in place for learning from adverse incidents involving residents. However, the inspector found that the hazard identification process was inadequate. On the days of inspection, a number of potential hazards were identified by the inspector that had not been risk assessed:

- many of the windows in the centre were unrestricted
- there was unrestricted access to the staff changing room which contained a number of staff personal items including a number of unsecured personal bags
- there was unrestricted access to the hairdressers room that contained bottles of chemicals that were potentially hazardous to a resident with a cognitive impairment
- the paths in the external garden had a dark green and blackish film which was slippery and potentially hazardous to residents with reduced mobility
- there were no hand or grab rails at the entrance to the centre or the exit to the internal garden to assist residents and visitors with reduced mobility
- a number of the shower drain covers in the residents' ensuite bathrooms were removed
- there was unrestricted access to a small storeroom that contained bottles of chemicals that may have hazardous to a resident with a cognitive impairment
- the storage of latex gloves and plastic aprons potentially were potentially hazardous to a resident with a cognitive impairment
- the routine fire alarm testing every Tuesday unlocked all doors for the duration of the test, including doors into and out of the dementia specific unit
- two fire evacuation/safety running man signs were not illuminated
- there was unrestricted access to the sluice room
- there was unrestricted access to laundry room
- there was unrestricted access to the nurses office which contained an unsecured sharps box that contained used syringes and needles.

The person in charge confirmed that three residents smoked tobacco. A policy was in place and reference the requirement for risk assessments to be completed and in practice each resident had been individually risk assessed in relation to their capacity to smoke safely. The inspector noted that where controls were required each resident was

provided with continuous staff supervision. The inspector observed that this control was implemented in practice on the second day of inspection.

Circulation areas, toilets and bathrooms were adequately equipped with handrails and grab-rails. Staff confirmed that personal protective equipment such as latex gloves and plastic aprons were available. The handling and segregation of laundry was in line with evidence based practice. However, the training matrix indicated that not all staff had completed training in infection prevention and control. The communal areas and bedrooms were generally found to be clean and there was a good standard of general hygiene at the centre. However, there were a number of infection control issues including:

- a number of residents' bedrooms contained carpets that had significant stains
- there were opened tubes of ointments, creams and a canister of shaving foam without any residents identifying details stored in a public bathroom
- slings used for hoists required to assist the transfer of residents were not individualised

Documentation seen indicated that hoists required for moving techniques in resident care were serviced regularly. Care plans contained a current manual handling assessment and plan that referenced the specific equipment required for resident and staff safety. Manual handling practices observed were seen to be in line with current best practice however, the training matrix recorded that not all staff were trained in manual handling and this issue was actioned under outcome 18 of this report.

Judgment:

Non Compliant - Major

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The centre had operational policies relating to the ordering, prescribing, storage and administration of medicines. Medicines were supplied to the centre by a retail pharmacy business in a monitored dosage system and were appropriate. Residents were facilitated to have their medicines dispensed by their pharmacist of choice. All medicines were stored securely within the centre and a fridge was available for all medicines or prescribed nutritional supplements that required refrigeration, and the temperature of this fridge was monitored. However the temperature of this fridge had been outside the recommended temperature range on a number of occasions. This indicated that appropriate measures were not in place to ensure medicines that required refrigeration were stored at the recommended temperature with measures in place to respond to fridge temperatures outside 2- 8 degrees Celsius. This finding was actioned under

outcome 5 of this report. The inspector also noted that one yogurt that required refrigeration once opened, was not being stored in the fridge and was being stored in the medication trolley. All controlled (Misuse of Drugs Act) medicines were stored in a secure cabinet and a register of these medicines was maintained with the stock balances checked and signed by two nurses at the end of each working shift.

The inspector was satisfied that nursing staff demonstrated competence in medication management practice and that action had been taken to address the deficit identified at the last inspection. Practice was governed by an adequate medication management policy that included the practice of transcribing and the management of pro-re-nata (PRN) or (medication that is not scheduled or required on a regular basis). Each resident's prescription sheet and medication administration record demonstrated practice that was in substantial compliance with current regulations, regulatory body guidance and legislative requirements. There was a record of all nurses signatures however, the inspector noted that one staff nurses signature was not recorded.

The person in charge and the Clinical Nurse Manager audited medication management practices. Overall the management of controlled drugs on a daily basis was in line with regulatory body guidance. The centre implemented measures to monitor the safety of medication at each stage of the medication management cycle and there was evidence that errors directly attributable to practice within the centre were detected and managed. However, any errors in for example the receiving stock were not recorded. This matter was discussed with the provider and person in charge in relation to any further action that may be required by them in relation to each stakeholder's accountability and residents' safety. However, the inspector noted that there was no record or audit of stock items including sterile water, medications administered by aerosol spray and nutritional supplements. In addition, the inspector noted that a number of these medical items were out of date or no longer required by a resident.

Judgment:
Substantially Compliant

Outcome 10: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
A record of incidents occurring in the designated centre was maintained and a number of previous notifications that were notified to the Chief Inspector as required by regulation were reviewed on inspection. However, the inspector noted that an outbreak of influenza like illness that occurred in the centre in January 2017 had not been notified

to HIQA as required by regulations.

Judgment:

Non Compliant - Moderate

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

At the time of inspection there were 47 residents living in the centre on a long term basis. Staff had assessed residents as dependent in their activities of daily living as; four low, 15 medium, 13 high and 15 maximum. The inspector observed staff in the delivery of care to residents, interacted with staff and reviewed records including medical records, nursing records, correspondence from other healthcare facilities and clinical audits. The inspector was satisfied that each resident's wellbeing and welfare was maintained by an adequate standard of evidence-based nursing care and appropriate medical and allied healthcare. Each resident's assessed needs were set out in residents' care plans. Based on a random sample of care plans reviewed; the inspector was satisfied that the care plans reflected the resident's assessed needs, assessment was supported by a number of evidenced-based assessment tools and plans of care to meet needs were appropriate and adequate. Assessments and care plans were reviewed four-monthly or more frequently as required. A daily nursing record of each resident's health, condition and treatment given was maintained, the records seen were adequate and informative. Each resident's vital signs were recorded regularly with action taken in response to any variations. There was evidence of blood profiling and point-of-care testing (glucometer) and the administration of influenza vaccination.

There was evidence that timely and appropriate access to medical review and treatment was provided and was supported by the medical records seen by the inspector. As appropriate to each resident's specific needs there was documentary evidence of adequate access to other health professionals including speech and language therapy, dietetics, tissue viability, optical review and chiropody. Physiotherapy was provided on-site twice weekly on an individual and group basis. Referral and discharge records and records of the information provided when a resident was temporarily transferred or discharged from the centre were maintained.

The use of physical restraint was minimal and consisted solely of the use of bedrails, was risk assessed and monitored as appropriate by the person in charge. There were measures identified in falls prevention care plans and evidence of falls being monitored in the centre. There were reassessments of falls risks and the updating of the falls prevention care plans by staff after each fall. Falls were reviewed individually and every four months to identify any possible antecedents or changes as appropriate.

The inspector was satisfied that all staff spoken with were familiar with each resident's needs and care plan and overall few deficits were identified between planned and delivered care. Decisions to inform end of life care and procedures were in place however, for one resident who was receiving palliative care the plan for end of life care had not been assessed and recorded for this resident to ensure their preferences and wishes were facilitated. This was a requirement in the action plan of outcome 14 of this report.

Judgment:
Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

This centre was purpose built as a nursing home which open in 2005. The centre was kept clean and generally well maintained and there had been no changes to the structure of the premises since the last inspection, or since its previous registration. The centre was bright and warm throughout and was generally maintained to a adequate standard both internally and externally. Resident accommodation consisted of 16 single bedrooms and 17 twin-bedded rooms and all of the bedrooms were ensuite with shower, toilet and wash-hand basin, with the exception of one of the single bedrooms that just had a wash-hand basin. Residents' bedrooms were adequate in size, had suitable space for storing personal possessions and many were personalised with individual memorabilia from the residents.

There was adequate communal and dining space and there were suitable areas for residents to meet with visitors in private, separate from their bedrooms. The inspector

noted that residents were moving about as they wished within the centre and the dementia unit allowed residents to walk freely around the corridor which was circular in design. Since the last inspection a number of rooms had been repainted and the décor had been upgraded particularly in the Lee suite however, the inspector noted that in the other units a number of rooms including residents' bedrooms required re-decorating as the paint was scuffed on some walls and bedroom doors. Improvements had been completed in the dementia unit which included painting different colours on walls and doors to support residents in identifying and distinguishing different parts of the unit. However, further improvements were required to make this unit homely and suitable for residents with dementia. For example, the curtain rails in the sitting room did not contain any material wrapping or curtains, there were few soft furnishings or pictures in the unit and a distinct absence of memorabilia or furniture to create a home like environment. While a number of signs had been erected since the last inspection however, in the context of this being a dementia specific unit there continued to lack adequate visual cues in this unit to support residents in navigating the various areas within the centre.

There was appropriate equipment provided to meet the needs of residents, hoists were maintained and used as required. The grounds of the premises were well maintained, and there was an enclosed garden that could be used by residents. There was a chapel available in the centre that was well maintained however, there was no call bell facility available in the chapel in the event of a resident requiring assistance.

Judgment:

Non Compliant - Moderate

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Residents and relatives spoken with said that they had no cause to complain but if they had, they would complain. Staff spoken with were familiar with the procedure for receipting and recording complaints. There were complaint policies and procedures in place and the complaints' procedure was prominently displayed in the main entrance hallway.

However, the complaints' policy was not adequate due to the following:

- the policy did not identify a person responsible for overseeing the complaints process to ensure that complaints are appropriately responded to and that complaint records

were suitably maintained

- the policy did not require staff to record whether or not the resident was satisfied following making a complaint.

The inspector reviewed the complaints records and saw that residents or persons acting on their behalf did raise matters of concern to them; most of these matters were investigated, remedial action was taken and feedback was provided however, complaints were not properly recorded due to the following:

- the complainant satisfaction was not established as required by regulation
- the process of recording complaints was not adequate as staff used a diary and recorded the details in freehand without any template which resulted in inconsistency/variability of the quality of complaint records and also meant auditing of complaints was unnecessary difficult and more open to errors.

The inspector noted that in 2016 only 3 complaints were recorded in the complaint record and requested that the person in charge review this level of recorded complaints.

Judgment:

Non Compliant - Moderate

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Improvement was required in advance planning for end of life care and in supporting staff to acquire the necessary skills and confidence to initiate end of life care discussions with residents and relatives. There were end of life policies and procedures in place signed as reviewed in June 2016. However, further review and amendment was required in the policy including information in relation to religious and cultural practices.

The inspector was informed by the person in charge that there one resident who was receiving palliative care in the centre. The inspector met with this resident and their relative who stated that they were very happy with the care that the staff were providing to their relative. However, there was no end of life care plan available for this resident to ensure appropriate care and comfort was provided and that addressed the end of life physical, emotional, social, psychological and spiritual needs of this resident. The inspector observed in this residents' medical notes that there was a specific medical direction in relation to this residents' care in the event of a cardiopulmonary arrest however, there was no evidence of any advance care directive or plan to guide staff in

such an event. In addition, there was no direction for staff on the procedure for caring for the remains of this resident when deceased.

Judgment:
Substantially Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Nutritional care was guided by a suite of evidence based policies. All meals were freshly prepared on site on a daily basis. There was documentary evidence that the catering facility was monitored by the relevant Environmental Health Officer (EHO). Catering staff were consulted with in relation to residents' meal requirements, choices and preferences. The menu was clearly displayed and offered choice at each main meal. Staff were seen to ascertain each resident's meal preference. Residents requiring diet of a modified consistency were offered the same meal choices but in the required format. Portion sizes were adequate; meals appeared nutritious and wholesome, were generally presented in an appealing manner and were seen to be enjoyed by residents.

The feedback received from residents was positive and residents confirmed that the meals provided were always "good". Most residents attended the dining rooms for their meals and there was suitable supervision provided by staff. The social dimension of meals was encouraged and most staff were seen to be suitably assisting residents with their meals if required. However, the inspector requested that the person in charge review the dining experience as a number of improvements were noted including:

- some staff were observed standing over residents while assisting them with their meals
- there was a radio playing in both dining rooms however, the volume was unnecessarily loud in both rooms
- food trollies added to the noise levels when some staff pushed these trollies were push at an unnecessarily fast pace.

The inspector saw that fluids and snacks were provided to residents at reasonable times and that residents were facilitated with a late breakfast if this was their choice. Fresh drinking water was also available in many locations in the centre.

Based on a purposeful sample of care plans the inspector was satisfied that procedures

were in place to ensure that the needs of residents at risk or with specific requirements were met. Residents were weighed regularly and a validated nutritional risk assessment tool was used. There was documentary evidence that staff monitored the findings of assessments and sought further intervention including GP and dietetic review and speech and language assessment as appropriate. Clear and specific nutritional care plans were in place. The instructions of other healthcare professionals were incorporated into the care plan and the plan was reviewed and updated in line with each resident's changing requirements. The care delivered as seen by the inspector was in line with care plans viewed including the provision of nutritional supplements and food and fluids of a modified consistency.

Judgment:
Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Residents had the opportunity to exercise personal autonomy and choice, be it what hour they chose to get up or dine at or whether or not they partook in activities. Residents were facilitated to exercise their civil, political and religious rights. Details of upcoming residents' activities were displayed on notice boards. There were facilities for recreation, events such as afternoon music held in the sitting room and there was a designated arts and craft room available for residents use. There was no restriction on visiting times and relatives outlined to the inspector that they visited the centre at different times. Staff were observed delivering care in a dignified way that respected privacy, for example, by knocking on the resident's bedroom door and awaiting permission before entering. There was an activities such as bingo, arts & crafts, hand massage and rosary were on offer in the centre. Activities specifically tailored to residents with dementia were also in place. The inspector observed very good participation in the afternoon activities which included sing songs and exercises.

Closed circuit television cameras (CCTV) were in operation at a number of locations including the reception area and on corridors and there was policy in place governing the use of CCTV cameras. There was signage indicating there were CCTV cameras in the

centre. However, CCTV cameras were also in place in the sitting room of Lee unit, where residents should have a reasonable expectation of privacy. Access out of the dementia specific unit was by finger print technology and a number of visitors had access to this means of exit. However, there was no policy available in relation to the management of this technology and particularly the management and storage of personal data of visitors and the inspector requested the provider to review these arrangements to ensure compliance with all legal requirements including data protection legislation.

From review of residents care plans the inspector noted that most but not all residents had a "This is Me" completed which detailed residents interests and provided an overview of significant events in each resident's life. An activities co-ordinator was available in the centre each day from Monday to Friday. A range of activities were available each day such as card games, music and reading. There were also one-to-one activities for residents that did not participate in group activities. Contact details were available of an external advocate that was available to residents. A number of residents were observed having their hair done in the hairdressing salon on the days of inspection.

The provider outlined that resident religious preferences were catered for and Roman Catholic residents' religious ceremonies were celebrated in the centre including a weekly mass usually on Saturdays. In addition religious practices of other religions were also catered for including the local Church of Ireland Clergyman who regularly visited the centre. There was a chapel available in the centre that was well maintained. Outside of religious ceremonies, the chapel was available as a quiet space for residents to pray and reflect. However, the inspector noted that there was no call bell facility available in the chapel in the event of a resident requiring assistance and this issue was addressed under outcome 12 of this report.

Judgment:
Substantially Compliant

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
There was a policy signed and dated by the person in charge and the provider in June 2015 in relation to the management of residents' personal property and on the safekeeping of any personal items or monies. The inspector spoke with a member of the

management team with responsibility for the role of managing residents' finances who outlined robust procedures to support the policy including a record log and system of double signing for transactions. Residents and relatives that the inspector spoke with indicated that they were satisfied with the arrangements in place in relation to the management of residents' personal property and on the safekeeping of any personal items or monies in the centre.

Judgment:
Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Staff spoken with were aware of the Regulations and the Standards and where to access them in the centre. Up to date registration was seen for nursing staff. Samples of staff files were reviewed and the requirements of Schedule 2 of the Regulations were met. The person in charge informed the inspector that there no volunteers working in the centre.

The staffing rota confirmed that there was a nurse on duty at all times. Whilst on the days of inspection, there was a full complement of staff according to the staff duty roster however, the inspector was not satisfied that at all times, there were sufficient staff with the right skills, qualifications and experience to meet the assessed needs of the residents. For example, the inspector was informed that there was only one staff nurse on duty from 8am until 8pm each day to manage the care and treatment of up to 50 residents. This staffing arrangement was inadequate in the context of the high dependency level of these residents with 60% of the residents' were either high or maximum dependency, the clinical management requirements of the dementia specific unit and the design and layout of the centre with resident accommodation consisted of 16 single bedrooms and 17 twin-bedded rooms. The inspector was informed that the person in charge and the clinical nurse manager were on call each evening to provide assistance and the person in charge gave a number of examples of when she had

provided such assistance however, from review of returned resident/relative questionnaires and speaking to staff the inspector noted that the staffing arrangements were not adequate to meet the assessed needs of residents. The person in charge confirmed that there was on-going staffing difficulties and described difficulties' in recruiting suitable qualified staff into the geographical area that the centre was located in. However, both the person in charge and the provider confirmed that they had recently recruited more staff nurses and that an additional staff nurse would be assigned to the centre each evening from 8pm until 10pm commencing Friday the 3 February 2017.

There was an education and training programme available to staff and the training matrix indicated that a number of staff were up-to-date with mandatory training. However, as described in a number of outcomes of this report there was inadequate training of staff as required by regulation for example there was inadequate staff training in relation to fire evacuation drills, fire safety training, manual handling, behaviours that challenge, infection control and safeguarding and safety.

Judgment:
Non Compliant - Major

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Abbeylands Nursing Home
Centre ID:	OSV-0000187
Date of inspection:	31/01/2017
Date of response:	15/03/2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Statement of Purpose

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

To prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 including the following required information:

- the information set out in the Certificate of Registration
- the criteria used for admission to the designated centre, including the designated centre's policy and procedures (if any) for emergency admissions

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

- the age-range and sex of the residents for whom it is intended that accommodation should be provided
- arrangements for the management of a designated centre where the person in charge is in charge of more than one centre or absent from the centre or centres concerned.

1. Action Required:

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Please state the actions you have taken or are planning to take:

We are in the process of updating our statement of purpose to include the age range and sex of the accommodation provided.

We will include a copy of our most recent registration certificate.

We will refer to a revised and updated admissions policy and emergency admissions policy.

We will detail management arrangements for the absence of the Person in Charge should such an absence occur.

Proposed Timescale: 10/03/2017

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

To ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

2. Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

Please state the actions you have taken or are planning to take:

We have commenced the process of a complete audit review which will encompass a review of the quality and safety of care delivered to our residents to comply in full with the standards set out in section 8 of the act.

We have from February 3rd 2017 allocated further Nursing staff hours to cater for busy medication periods in the home and allow family members more time to discuss the care of their relatives with a medical professional.

Our annual report will reflect the changes as outlined.

Proposed Timescale: 15/03/2017

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

To make the written policies and procedures referred to in regulation 4(1) available to staff including a suitable fire safety register.

3. Action Required:

Under Regulation 04(2) you are required to: Make the written policies and procedures referred to in regulation 4(1) available to staff.

Please state the actions you have taken or are planning to take:

We have all of our policies and procedures available to all staff members on open display within the area of reception, they are on display and are fully annotated and filed for ease of access and reference. The reception area within the home is freely accessed by all members of staff 24 hours a day.

Proposed Timescale: 04/02/2017

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

To ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector including suitable records monitoring the temperature of the medication fridge.

4. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

Please state the actions you have taken or are planning to take:

We have temperature monitoring records available in the treatment room and a reporting procedure for reporting of any readings outside of the accepted range to be notified through our maintenance recording system.

Proposed Timescale: 03/02/2017

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

To maintain the records including records of residents' care and welfare in such manner as to be safe and confidential.

5. Action Required:

Under Regulation 21(6) you are required to: Maintain the records specified in paragraph (1) in such manner as to be safe and accessible.

Please state the actions you have taken or are planning to take:

Records not being attended to will be stored in a lockable cupboard to avoid any personal or confidential information being left unattended.

Proposed Timescale: 15/03/2017

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

To ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

6. Action Required:

Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

Please state the actions you have taken or are planning to take:

As before we have additional training courses organised for all staff members to ensure staff members receive updated training so that they are fully updated and trained in the management of Behaviours that challenge.

Proposed Timescale: 09/05/2017

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

To manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as possible, in a manner that is not restrictive including providing risk assessments in relation to the use of restraint that are individualised and reviewed regularly and consistent with the centres risk management

policy.

7. Action Required:

Under Regulation 07(2) you are required to: Manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as possible, in a manner that is not restrictive.

Please state the actions you have taken or are planning to take:

We have reviewed our training matrix and have identified five staff who require training in behaviours that challenge which we have booked for May 8th and 9th 2017. This training will also be used to update staff members who are fully trained in this area. Part of this training will also include the identification of risk and the appropriate use of restraint. As before described we will regularly review our risk assessments for residents to ensure we are giving the most appropriate care to our residents.

Proposed Timescale: 09/05/2017

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

To ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy including identifying and trialling alternatives to restraint in line with best practice as published on the website of the Department of Health from time to time.

8. Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

Please state the actions you have taken or are planning to take:

All residents will be continually risk assessed as provided for under regulation 7(3) and where relevant risk assessments will consider alternatives such as ultra low beds which we have currently in operation for some residents.

Proposed Timescale: 10/02/2017

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

To ensure staff are trained in the detection and prevention of and responses to abuse.

9. Action Required:

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

Please state the actions you have taken or are planning to take:

One staff member not already trained in the detection and prevention of abuse will receive specialist training to bring them up to the standard of staff already fully trained in this area, staff already trained will receive updated training where appropriate to ensure we are fully compliant with regulation 8(2).

Proposed Timescale: 09/03/2017

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

To ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre including the following:

- most of the windows in the centre were unrestricted
- there was unrestricted access to the staff changing room which contained a number of
 - staff personal items and a number of unsecured personal bags
- there was unrestricted access to the hairdressers room that contained bottles of chemicals that may have hazardous to a resident with a cognitive impairment
- the paths in the external garden had a dark green or blackish film which was slippery and potentially hazardous to residents with reduced mobility
- there were no hand or grab rails at the entrance to the centre or the exit to the internal garden to assist residents and visitors with reduced mobility
- a number of the shower drain covers in the ensuite bathrooms were removed
- there was unrestricted access to a small storeroom that contained bottles of chemicals that may have hazardous to a resident with a cognitive impairment
- the storage of latex gloves and plastic aprons
- the routine fire alarm testing every Tuesday caused all doors to unlock for the duration of the test including doors into and out of the dementia specific unit
- two fire safety running man signs were not illuminated
- there was unrestricted access to the sluice room
- there was unrestricted access to laundry room
- there was unrestricted access to the nurses office which contained an unsecured sharps box that contained used syringes and needles

10. Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:

We have ordered window restrictors for windows identified as requiring restriction and

a total of 52 windows will have opening restrictors fitted by March 30th 2017. The staff changing room will be fitted with a secure combination access locking mechanism by March 30th 2017 openable to staff members only.

The hairdressers salon has had the shampoo and conditioner removed and is stored in a secure store accessed by staff members only, when in use the salon is fully supervised at all times. Completed 01/02/17

The paths to the external areas will be fully cleaned and free from any such green film, this forms part of our annual external maintenance program, we will have this complete by March 10th March 2017

As part of our full health and safety risk assessment a review of the provision of grab rails will be undertaken, any recommendations such as the provision of grab rails will be implemented by 20th April 2017

The shower drain covers where loose or not in place have been fully restored and are in place to all bathrooms. Completed 02/02/17

All storerooms will be fitted with a secure combination access locking mechanism by March 17th 2017 openable to staff members only.

The storage of latex gloves and plastic aprons are within the storage rooms identified and these will be fitted with a secure combination access locking mechanism by March 17th 2017 openable to staff members only.

The two fire safety running man lights out of order on the day of the inspection were repaired as part of our weekly fire safety systems review. Completed 01/02/17

The sluice room is now locked and has been fitted with a secure combination access locking mechanism openable to staff members only. Complete by March 17th 2017

The laundry room is accessed through the lobby of the sluice room and will be fitted with a secure combination access locking mechanism openable to staff members only. The nurse's station will be fitted with a secure combination access locking mechanism openable to staff members only. When there is a member of staff within the Nurses station then this door is open as residents do like to sit with the Nursing staff for review and discussion in this area.

We have undertaken a complete review of our health and safety policy and manual to include a new risk assessment for the home including and update of our risk assessment register and risk assessment policy, once completed all recommendations will be fully implemented.

Under Regulation 26(1) (a) we will ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the Home.

Proposed Timescale: 20/04/2017

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

To ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control abuse.

11. Action Required:

Under Regulation 26(1)(c)(i) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control abuse.

Please state the actions you have taken or are planning to take:

As outlined we are to undertake a review of our risk assessment policy which will identify control measures to prevent and control abuse. Staff will be fully appraised of changes to our policies and procedures in this regard and receive necessary training in this area.

Proposed Timescale: 19/04/2017

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

To ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the unexplained absence of any resident.

12. Action Required:

Under Regulation 26(1)(c)(ii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the unexplained absence of any resident.

Please state the actions you have taken or are planning to take:

We will ensure that the revised risk assessment and management policies as set out in Schedule 5 will take into consideration the regulation 26 (1) (C) (ii) and ensure an action plan and measures are in place for the unexplained absence of a resident.

Proposed Timescale: 19/04/2017

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

To ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.

13. Action Required:

Under Regulation 26(1)(c)(iii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.

Please state the actions you have taken or are planning to take:

We will ensure that the revised risk assessment and management policies as set out in Schedule 5 will take into consideration the regulation 26 (1) (C) (iii) and ensure an action plan and measures are in place for the control of accidental injury to residents, visitors and staff.

Proposed Timescale: 19/04/2017

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

To ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control aggression and violence.

14. Action Required:

Under Regulation 26(1)(c)(iv) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control aggression and violence.

Please state the actions you have taken or are planning to take:

We will ensure that the revised risk assessment and management policies as set out in Schedule 5 will take into consideration the regulation 26 (1) (C) (iv) and ensure an action plan and measures are in place for the control aggression and violence. We will also ensure all our staff members fully receive updated training in the area of Behaviour that challenge.

Proposed Timescale: 19/04/2017

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

To ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control self-harm.

15. Action Required:

Under Regulation 26(1)(c)(v) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control self-harm.

Please state the actions you have taken or are planning to take:

We will ensure that the revised risk assessment and management policies as set out in Schedule 5 will take into consideration the regulation 26 (1) (C) (v) and ensure an action plan and measures are in place for the control self-harm.

Proposed Timescale: 19/04/2017

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

To ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

16. Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

Please state the actions you have taken or are planning to take:

We will ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff most notably the timely submission of infectious disease notification to HIQA.

Proposed Timescale: Complete on 04th February 2017

Proposed Timescale: 04/02/2017

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

To ensure by providing suitable training for all staff that that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

17. Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

Please state the actions you have taken or are planning to take:

Staff are trained in the prevention and control of healthcare associated infections and to bolster this we have further control of infections training booked for March 23rd 2017. Our policy in this regard will form part of the training program.

Proposed Timescale: 23/03/2017

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

To ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

18. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:

All staff members have undergone additional training in the area of fire evacuation on February 7th, 8th and 9th to enhance the fire safety management training already in place for all staff members. The revised training also focused on fire evacuation drills and the regular testing and practice of such evacuation drills. This is now an ongoing process within the home for all staff in accordance with Regulation 28 (1) (e).

Proposed Timescale: 09/02/2017

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

To make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents including the provision of suitable personal emergency evacuation plans for all residents.

19. Action Required:

Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

Please state the actions you have taken or are planning to take:

All staff members have undergone additional training in the area of fire evacuation on February 7th, 8th and 9th to enhance the fire safety management training already in place for all staff members. This is now an ongoing process within the home for all staff in accordance with Regulation 28 (2) (iv).

Proposed Timescale: 09/02/2017

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

To make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

20. Action Required:

Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

Please state the actions you have taken or are planning to take:

All staff members have undergone additional training in the area of fire evacuation on February 7th, 8th and 9th to enhance the fire safety management training already in place for all staff members. The revised training also focused on fire evacuation drills and the regular testing and practice of such evacuation drills. This is now an ongoing process within the home for all staff in accordance with Regulation 28 (1) (d).

Proposed Timescale: 09/02/2017

Outcome 09: Medication Management

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

To ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

21. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:

Our nominated pharmacist is now providing visual aids to the provided prescribed medication for residents to ensure the medication corresponds to the prescribed medication. This will ensure that all medical products are administered in accordance with the directions of the prescriber and any advice provided by the pharmacist regarding the appropriate use of the medication.

Proposed Timescale: 09/02/2017

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

To store any medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident in a secure manner, segregated from other medicinal products and dispose of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.

22. Action Required:

Under Regulation 29(6) you are required to: Store any medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident in a secure manner, segregated from other medicinal products and dispose of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.

Please state the actions you have taken or are planning to take:

We have undertaken weekly audits of the treatment room to ensure that any medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident is either stored in a secure manner or disposed of in accordance with national legislation. The audit includes all medications within the home along with nutritional products

Proposed Timescale: 07/02/2017

Outcome 10: Notification of Incidents

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

To give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

23. Action Required:

Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

Please state the actions you have taken or are planning to take:

We will give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1) (a) to (j) of Schedule 4 within 3 working days of its occurrence.

Proposed Timescale: 04/02/2017

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

To provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

24. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:

We are in the process of making the lounge area of the Lee suite more homely in a manner that reduces the size of the seating area with the introduction of an additional table and chairs in the lounge area to give the resident more choice in their seating arrangements, this will promote a more homely feel to this area which is large for the 13 residents of the Lee Suite. Additional bright pictures will be introduced to this area to compliment the new colour scheme and bring additional stimulus to this room.

Proposed Timescale: 05/04/2017

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

To provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre including providing an emergency call facilities accessible and in every room used by residents.

25. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:

We have identified a requirement for a call bell to be put in place in the Church of the Home and this will be completed.

Proposed Timescale: 15/03/2017

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

To ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

26. Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

Please state the actions you have taken or are planning to take:

We have commenced a redecoration program for the communal hallways of the Blackwater and Funchion suites having completed a full redecoration program for the Lee suite in the past year. This process is ongoing and expected to run over the coming months as we try to work around the needs and requirements of our residents. We have commissioned additional art work to the Lee suite to compliment the new signage in place and provide more visual clues and stimuli to our residents. We will replace the draped cloth wraps which were set around the curtain poles in the Lee suite dining area to bring additional colour to the dining room, additional art work will be in place in this area and around the communal areas of the lee suite to bring additional colour to these areas.

Proposed Timescale: 05/04/2017

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

To ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

27. Action Required:

Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

Please state the actions you have taken or are planning to take:

We will revise our complaints procedure to ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident or complainant was satisfied in full compliance with Regulation 34 (1) (f).

Proposed Timescale: 15/03/2017

Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

To fully and properly record all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are and ensure such records are in addition to and distinct from a resident's individual care plan.

28. Action Required:

Under Regulation 34(2) you are required to: Fully and properly record all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are and ensure such records are in addition to and distinct from a resident's individual care plan.

Please state the actions you have taken or are planning to take:

All complaints are currently logged and are maintained separately from the Residents care plans, we are updating our complaints procedure and will have a proforma method of logging complaints stored in a central file and away from resident's records.

Proposed Timescale: 15/03/2017

Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

To nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

29. Action Required:

Under Regulation 34(3) you are required to: Nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

Please state the actions you have taken or are planning to take:

We have updated our complaints procedure and have Nominated a person, other than the person nominated in Regulation 34 (1) (c), to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1) (c) maintains the records specified under in Regulation 34 (1) (f).

Proposed Timescale: 15/03/2017

Outcome 14: End of Life Care

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

To provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

30. Action Required:

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

Please state the actions you have taken or are planning to take:

We have updated our end of life care plans to provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

Proposed Timescale: 04/02/2017

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

To ensure the religious and cultural needs of the resident approaching end of life are met, in so far as is reasonably practicable.

31. Action Required:

Under Regulation 13(1)(b) you are required to: Ensure the religious and cultural needs of the resident approaching end of life are met, in so far as is reasonably practicable.

Please state the actions you have taken or are planning to take:

We have updated our end of life care plans to ensure the religious and cultural needs of the resident approaching end of life are met, in so far as is reasonably practicable.

Proposed Timescale: 04/02/2017

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

To ensure that each resident may undertake personal activities in private including in the residents' sitting room that contained continuous recording CCTV camera.

32. Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

Please state the actions you have taken or are planning to take:

The camera in the lounge area of the lee suite has been redirected to ensure full compliance with Regulation 09(3) (b) and that each resident may undertake personal activities in private.

A review of data held within the home specifically with regard to finger print entry systems data has been reviewed and data of this nature will be deleted as soon as the requirement for entry and exit of the person whose finger print is held on file no longer require access to the secure areas of the Home.

Proposed Timescale: 09/02/2017

Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

To provide opportunities for residents to participate in activities in accordance with their interests and capacities.

33. Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

Please state the actions you have taken or are planning to take:

While we have an extensive activities program within the Home we have further undertaken a "this is me "program for our vulnerable residents to allow visitors and staff knowledge of the vulnerable person they may be visiting or providing care to, we have had some difficulty with residents where it may be difficult to have family or friends provide the necessary information for this initiative, we have since redoubled our efforts in this regard and shall continue to do so.

We as ever have an ever evolving activities program which is directed by the wants and needs of our residents. We will continue to provide opportunities for residents to participate in activities in accordance with their interests and capacities to comply with regulation 9 (2) (b)

Proposed Timescale: 20/02/2017

Outcome 18: Suitable Staffing

Theme:

Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

To ensure that the number and skill mix of staff is appropriate to the needs of the

residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

34. Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:

We have allocated additional Nursing resources to the staff roster to provide additional cover to our Nurses at busy periods most notably from 8pm to 10pm to meet the needs of the residents in accordance with regulation 5 for the Home.

Proposed Timescale: 03/02/2017

Theme:

Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

To ensure that staff have access to appropriate training including manual handling training.

35. Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

Please state the actions you have taken or are planning to take:

We have updated our training matrix to reflect the training requirements and those recently undertaken with specific regard to Fire Evacuation in which all staff are now fully trained and engaged with, all staff are fully trained in Fire Safety training with some team leaders (Fire Wardens) bringing the matter to the fore and keeping all staff members up to date on our procedures in this area.

We have all staff fully trained in the area of Manual Handling and a review of the training matrix will identify staff members who require refresher training.

We have infection control courses booked for staff for March 23rd 2017 to ensure all staff members are up to date and refreshed in this area and ensure our compliance with regulation 16 (1) (a).

Proposed Timescale: 23/03/2017

